

Health and Family Planning Overview

SENEGAL



Population:	10.6 million (BUCEN 2001)
Infant Mortality Rate:	63.5 (ESIS/DHS 1999)
DPT3 Coverage:	50%, children 12–23 mos. (ESIS/DHS 1999)
Nutrition:	19% stunting, children 0–59 mos. (MICS 2000)
Total Fertility Rate:	5.2 (ESIS/DHS 1999)
Maternal Mortality Ratio:	510 (ESIS/DHS 1999)
Contraceptive Prevalence Rate:	7.1%, all women, modern methods (ESIS/DHS 1999)
Adult HIV Prevalence:	1.4% (MOH 2001); 0.5% (UNAIDS 2001)
Current Living AIDS Orphans:	15,000 (UNAIDS 2001)
Demographic and Health Surveys:	1986, 1992/93, 1997, 1999
Multi-Indicator Cluster Surveys:	1996, 2000

Country Profile

Despite some continuing problems in the Casamance region, Senegal remains politically stable. In March 2001, peace accords between the government and the separatist Movement of Democratic Forces of Casamance signaled the end of their conflict along the southern border. In the last six years, the country has initiated ambitious economic reforms, including the removal of government price controls. This has contributed to low inflation and a growth in gross domestic product. Decentralization efforts have continued during the last three years. Improvements have also occurred in health care, although access to quality services, including reproductive care, is still limited, especially in rural and hard-to-reach areas. Also, per capita contributions to health care costs remain low, and intensified efforts are required to bolster health care financing. Although predominantly Muslim, Senegal is a secular state and an influential moderating voice among its African neighbors.

HIV/AIDS in Senegal. Senegal stands as one of the world's HIV/AIDS success stories. It has kept HIV prevalence below 2 percent through a strong surveillance system; aggressive targeting of high-risk groups; extensive information to the general public; and high-level involvement of political and religious leaders, local organizations and associations, the media, and artists. Heterosexual contact is the main mode of HIV transmission, and women constitute about half of all cases. At the end of 1999, approximately 79,000 Senegalese were infected with HIV/AIDS, 40,000 of them women of reproductive age. Since the beginning of the epidemic, approximately 42,000 children have lost their mother or both parents to HIV/AIDS.

USAID Strategy

USAID/Senegal works from the Mission's 1998–2006 strategic plan, which emphasizes political, economic, and social development for Senegalese people. The plan's three strategic objectives (in private sector development, management of local services and resources, and improved reproductive health services) and two special objectives (in girls' education and peace building in the Casamance) complement one another. Within the health strategic objective, the Mission supports improving local health services through increasing access to quality services that are planned, implemented, and partially financed by communities themselves. USAID/Senegal also plans to build on current successes to prevent increases in HIV/AIDS prevalence and keep it at its relatively low level.

Strategic Objective: Increased use of health services in the context of decentralization in targeted areas



Intermediate Results:

- Improved access to quality reproductive health (child survival, maternal health, family planning, and sexually transmitted infections/AIDS) services
- Increased demand for quality health services
- Increased financing of health services from internal sources

Major Program Areas

HIV/AIDS. USAID is Senegal's principal external partner in fighting HIV/AIDS. Working with the National AIDS Control Program, USAID has assisted prevention and control activities throughout the country. The Mission helps a number of local nongovernmental organizations promote behavior change and condom use. Condom social marketing is part of the Mission's approach to increasing access to quality services for preventing HIV/AIDS and other sexually transmitted infections. Condom promotion targeting high-risk groups is also a key component. Traditional sales points continue to sell the majority of condoms, but nontraditional sales points have had impressive growth as well.

Health and Family Planning. Due to logistics difficulties and transition within the USAID family planning program, family planning projects were reduced in the last three years. However, the trend is now shifting back to more aggressive program implementation. This is particularly true in urban areas, where 18 percent of women were using modern methods in 1999. Mission-supported information, education, and communication (IEC) activities have improved political and religious acceptance of family planning. IEC efforts have also encouraged the participation of Senegalese in government child health campaigns. Child survival programs support strengthening routine immunization services, implementation of the Integrated Management of Childhood Illness (IMCI) strategy, and community-based application of a "minimum integrated nutrition package." Senegal is one of USAID's malaria "Plus Up" countries. As part of this expanded effort, USAID supports improved policies and partnerships to deliver the three elements of malaria control – effective treatment, antenatal interventions, and broad access through the commercial sector to insecticide-treated bed nets. USAID/Senegal is also engaged in technical assistance activities to improve existing health delivery mechanisms and activities designed to strengthen local management capabilities through training, supervision, and monitoring. The Mission works to strengthen local government participation in planning and financing health care activities in accordance with decentralization laws. Finally, the Mission is contributing to the empowerment of women through health, economic, and democracy/governance activities.

Results

- In the National Immunization Days campaign, 99 percent of children under age 5 received two doses of polio vaccine and 87 percent of children between 6 months and 5 years received vitamin A supplements.
- Implementation of IMCI began in three districts.
- In two health districts, a pilot study of community-based distribution of contraceptives began.
- Through the social marketing program, oral contraceptives were made available in 550 pharmacies.
- Nationwide training of public-sector contraceptive stock managers helped reduce stock-outs.
- The strong condom social marketing program continued to ensure the availability, affordability, and accessibility of condoms. The program sold 3.6 million condoms in 2001.
- Results of the 2001 Behavioral Surveillance Survey suggest that efforts to promote condoms are having an impact. Among registered commercial sex workers, recent condom use was at 54 percent with partners who were not clients, but was 99 percent with nonregular (client) partners.
- The number of clients using the three HIV/AIDS voluntary counseling and testing centers has increased.

Major Implementing Partners

USAID/Senegal's partners in implementing population, health, and nutrition activities include Management Sciences for Health, Family Health International, the BASICS II project, Commercial Market Strategies, the Center for Development and Population Activities' ENABLE project, and the Partnerships for Health Reform project, and Development Associates, Inc.



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP (info@phnip.com).

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